

<i>SERFF Tracking Number:</i>	<i>HHRN-127003046</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Household Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47909</i>
<i>Company Tracking Number:</i>	<i>10-023AR</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Whole Life</i>		
<i>Project Name/Number:</i>	<i>Whole Life/10-023</i>		

## Filing at a Glance

Company: Household Life Insurance Company

Product Name: Individual Whole Life

TOI: L07I Individual Life - Whole

Sub-TOI: L07I.101 Fixed/Indeterminate  
Premium - Single Life

Filing Type: Form

SERFF Tr Num: HHRN-127003046 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47909

Co Tr Num: 10-023AR

State Status: Approved-Closed

Author: Deborah Fisher

Date Submitted: 02/04/2011

Reviewer(s): Linda Bird

Disposition Date: 02/16/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name: Whole Life

Project Number: 10-023

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Filing was  
previously exempt in our state of domicile for  
the underlying policy.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/16/2011

State Status Changed: 02/16/2011

Deemer Date:

Submitted By: Deborah Fisher

Filing Description:

Attention: Life Forms Filing Division

Created By: Deborah Fisher

Corresponding Filing Tracking Number:

RE: Household Life Insurance Company – NAIC #93777  
FEIN #38-2341728

Individual Whole Life Insurance Conversion Application: HLI-1-134-0111

<i>SERFF Tracking Number:</i>	<i>HHRN-127003046</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>10-023AR</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Whole Life</i>		
<i>Project Name/Number:</i>	<i>Whole Life/10-023</i>		

Dear Sir or Madam:

We are filing for review and approval, on behalf of Household Life Insurance Company, the above referenced document(s). Upon approval by your Department this form will be placed into production. This is a conversion application that will be used when an insured converts from their underlying policy to a Whole Life policy. The application may be used with all currently approved and/or future policies, as applicable, and may be available, electronically, and or in paper format. The above captioned form will be used with Whole Life form HLI-8-135 Ed. 06/08, approved by the Department.

The above captioned form is new and upon approval by your Department this form will be implemented for use.

This form has been completed in John Doe fashion and is submitted in final printed format, subject to only minor modifications in paper size and stock. We request approval of the bracketed information on a variable basis to reflect different account information and rearranging of data in order to accommodate computer programmed printing for various printers. We may also change the appearance and pagination, but not the text of these forms to comply with future changes in print systems. No font will be less than a 10-point font size. The color and/or weight of the paper on which these forms are printed may change. We reserve the right to correct typographical errors without re-filing. Please be assured that all forms will be used in accordance with all applicable state laws and regulations.

In the future, we may provide the opportunity for our customers to receive their policy documents solely electronically. If the Company decides to allow customers with this convenience option, the Company will comply with all applicable laws in obtaining customer consent.

Thank you in advance for your prompt consideration of this matter. If you have any questions, or if we may assist you with any aspect of this approval project, you may contact me at 224-568-1214 or you may e-mail me at [debbie.a.fisher@us.hsbc.com](mailto:debbie.a.fisher@us.hsbc.com).

Regards,

Deborah A. Fisher  
Product Regulatory Officer

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## HSBC Insurance Services

545 Washington Blvd., 11th Floor, Jersey City, NJ 07310

(800) 443 7187

Household Life Insurance Company Household Life Insurance Company of Delaware Household Life Insurance Company of Arizona

HSBC Insurance Company of Delaware

## Company and Contact

### Filing Contact Information

Debbie Fisher, Product Regulatory Officer debbie.a.fisher@us.hsbc.com

545 Washington Blvd 224-568-1214 [Phone]

11th Floor

Jersey City, NJ 07310

### Filing Company Information

Household Life Insurance Company

CoCode: 93777

State of Domicile: Michigan

500 Woodward Ave.

Group Code: 352

Company Type:

Suite 4000

Group Name:

State ID Number:

Detroit, MI 48226

FEIN Number: 38-2341728

(800) 443-7187 ext. [Phone]

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## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50.00 fee per filing.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Household Life Insurance Company	\$50.00	02/04/2011	44415994

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	02/16/2011	02/16/2011

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<i>Project Name/Number:</i>	<i>Whole Life/10-023</i>		

## Disposition

Disposition Date: 02/16/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Application		Yes

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## Form Schedule

Lead Form Number: HLI-1-134-0111

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	HLI-1-134-0111	Application/ Enrollment Form	Initial		50.300	011111 HLI-1-134-0111Draft Final.pdf

# HOUSEHOLD LIFE INSURANCE COMPANY

[Home Office: 500 Woodward Avenue, Suite 4000, Detroit, MI 48226-3425]

[Administrative Office: 90 Christiana Road, New Castle DE 19720]

[Toll Free 800-443-7187] [www.com\_\_\_\_\_]

## INDIVIDUAL WHOLE LIFE CONVERSION APPLICATION

### REQUEST FOR CONVERSION

A request is hereby made under Policy Number ABC-123, with an issue date of January 1, 2011, coverage amount \$25,000 for Conversion to a non-participating Whole Life insurance policy. Amount to be converted (not to exceed the existing coverage amount) is \$25,000. Rates will be based on current age and at the same risk class as the policy being converted.

The Policy Date of the new policy will be the date of conversion.

Name John Doe

Date of Birth 12/14/1979

Residence address (Street, City, State & Zip Code) 123 Main Street, Anytown, Anystate 00000

[Payment Frequency: ☐Annual ☐Semi-Annual ☐Quarterly ☐Monthly]

Payment Method: ☐ Charge my Credit Card ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Account # 123456

Exp. Date 12/10/11

☐ Debit my ☐ checking ☐ savings account

[Bank Name Main Bank USA] Account # 000000

ABA Number 123456789

Type XYZ

(first 9 numbers in the lower left-hand corner of your check)

☐ Charge/Debit my existing payment method.]

### Signing

I understand that the coverage shall be in effect as of the date of this conversion if and only if the original policy is surrendered for conversion and premiums are paid. I understand that the application attached to the original policy also applies to the newly issued whole life conversion policy and will be attached to, and become a part of, that policy. For purposes of this conversion, I understand that the newly issued whole life conversion policy will be incontestable after it has been in force during the Insured's lifetime for two years from the date of issue of the original policy, except for non-payment of premiums.

By signing your name and date below, you agree: (1) that you have read and fully understand that you are surrendering the original policy for the new whole life conversion policy; (2) that the statements and answers on this application are full, complete and *true* to the best of your knowledge; (3) the contestable period for the newly issued whole life conversion policy will be 2 years from the date of issue on the original policy listed above; (4) you intend to form a legally binding contract; and (4) a printout of the terms stated above will constitute a "writing" under any applicable law or regulation.

**[Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]**

**[Notice to residents of Arkansas, Kentucky and Ohio: Any person who knowingly and with intent to defraud any insurance company or other person files a request for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

**[Notice to residents of Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial for insurance benefits.]**

**[Notice to residents of New Mexico and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]**

**[Notice to residents of New Jersey: Any person who includes any false or misleading information on a request for an insurance policy is subject to criminal and civil penalties.]**

**[Notice to residents of Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]**

John Doe  
Insured's Signature

January 1, 2011  
Date

\_\_\_\_\_  
[Owner's Signature (if different from Insured)]

\_\_\_\_\_  
Date]



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b> Certification attached.		
<b>Attachment:</b> STATE OF AR CERTIFICATION.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b> Attached		
<b>Attachment:</b> 012011 HLI-1-134-0111 WL SOV.pdf		

**STATE OF ARKANSAS**  
**CERTIFICATION OF COMPLIANCE**

**Company Name:** HOUSEHOLD LIFE INSURANCE COMPANY

**Form Number(s):** HLI-1-134-0111

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

*Michael Palace*

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Michael Palace ASA, MAAA- Assistant Vice President / Product Design and Pricing

January 27, 2011

Date

**INDIVIDUAL WHOLE LIFE CONVERSION APPLICATION**  
**Explanation of Variable Areas**

**Application Form HLI-1-134-0111**

**January 20, 2011**

**Heading**

Company home office and administrative office address and phone number may be subject to change.

The web address may appear or not appear. It will only change if there is a change to the company's domain.

**Payment Frequency:**

The following Payment Frequencies may be available to applicants and information will be either displayed, rearranged or deleted depending upon plan design. This entire Payment Frequency field may or may not appear depending on plan design.

☐ Annual    ☐ Semi-Annual    ☐ Quarterly    ☐ Monthly

**Payment Method**

The following Payment Options will be available to applicants, and may be rearranged. Applicants have the option to check (select) the applicable Payment Option.

☐ Charge my Credit Card    ☐ Visa    ☐ MasterCard    ☐ Discover    ☐ American Express  
Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

☐ Debit my account    ☐ checking    ☐ savings account  
Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
ABA Number \_\_\_\_\_ Type \_\_\_\_\_  
(first 9 numbers in the lower left-hand corner of your check)

☐ Charge/Debit my existing payment method.

**Fraud Warnings:**

The NAIC model fraud warning language will be added, deleted or revised as required according to model law regulations and will appear in states that do not have state mandated fraud warning language, where allowed. The fraud notice applicable to the state will appear on the application. The state specific fraud warning language will be added, deleted or revised as required according to state law.

**Owner's Signature**

This signature and date block will appear when the Owner of the policy is someone other than the applicant.

All page numbering may be subject to change as required.